

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

550P002Cont.2



In re Application of

William Kopaciewicz

Application Number

09/387,443

Filed

9/1/99

For

Cast Membrane Structures For Sample Preparation

Group Art Unit

1723

Examiner

Fortuna, Ana

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1))

\$ _____

☒ Two months (37 CFR 1.17(a)(2))

\$ 420.00

☐ Three months (37 CFR 1.17(a)(3))

\$ _____

☐ Four months (37 CFR 1.17(a)(4))

\$ _____

☐ Five months (37 CFR 1.17(a)(5))

\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 14-0930.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

January 7, 2004

Date


Signature

Kevin S. Lemack, Reg. No. 32,579

Typed or printed name

01/14/2004 AWONDAF1 00000096 09387443

02 FC:1258 420.00 OP

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.